

## **2026 NHMA La Próxima Generación (The Next Generation) Scholarship**

### **Project Proposal Outline Template**

#### **1. Project Title & Summary (100 words max)**

La Próxima Generación Merece un Especialista: Mapping Skin Care Deserts in Latino Southern California

Latino communities in Southern California carry a disproportionate burden of skin disease and face some of the greatest barriers to specialist care in the country. This project will develop a Dermatology Access Index using geospatial analysis to identify care deserts relative to Latino population distribution across the region. By integrating dermatologist workforce data with U.S. Census demographics, this study will produce the first regional map of skin care access gaps in Latino-majority communities, with findings used directly by HUES at UCLA to guide outreach toward the neighborhoods that need it most.

#### **2. Statement of Need / Problem Description**

She came in on a Tuesday with a lesion on her forearm that she had been watching for two years. She had called offices, and most did not take her insurance. The one that did had a four-month wait she could not afford to take off work for. As she waited, the lesion grew. By the time she sat across from me at Redondo Beach Free Clinic, it was not what it would have been two years earlier. I have sat across from that patient more times than I can count. Different names, same story.

I am a Latina MD/MBA candidate at UCLA David Geffen School of Medicine in the PRIME-LA program. I have been providing care at Redondo Beach Free Clinic, mostly to Latino patients, many unhoused, many uninsured, almost none of whom have ever seen a skin care specialist. Not because they did not need one. Because the system was never built to get them there. My clinical training taught me to treat what arrives, and my MBA taught me to ask why it always arrives this late.

The numbers confirm what the clinic shows me every month. Fewer than 4% of dermatologists in the United States practice in federally designated Health Professional Shortage Areas. Latino patients are significantly less likely to receive specialist skin care than white patients, even after controlling for insurance status. Melanoma in Latino patients is diagnosed at an advanced stage more frequently than in white patients, not because Latino patients ignore changes in their skin, but because by the time they reach a specialist, the disease has had years to grow. In California, where Latino residents make up 40% of the total population, this crisis is enormous, and the regional data to document it does not yet exist.

Fewer than 6% of dermatologists in the U.S. identify as Hispanic/Latino, leaving Spanish-speaking patients navigating a specialty where almost nobody looks like them or speaks their language. Beneath all the structural data is something that does not show up in any dataset: the accumulated experience of families who have been turned away so many times that they stopped expecting the specialist to be an option.

In 2026, this is getting worse. Proposed Medicaid cuts would eliminate coverage for millions of low-income Latino adults. Immigration enforcement fears are keeping families from clinics even when they have coverage. Federal health equity funding is being cut in ways that will take years to repair. The window to document these gaps and build something from them is right now.

As a result, I co-founded HUES, Highlighting Uniting and Educating on Skin of Color, at UCLA to address skin health inequity through medical education and community engagement. In two years, HUES has built a real network of students, faculty, and community partners across Southern California. We have the relationships and the infrastructure to act on what this research finds. What we have been missing is a map precise enough to tell us exactly where to direct that work. This project builds it.

### **3. Target Audience / Community Served**

This project serves Latino communities across Southern California, with a focused analysis on Latino-majority ZIP codes in Los Angeles, San Bernardino, Riverside, and Ventura Counties. These four counties are home to over 8 million Latino residents, many uninsured or covered by Medicaid, many Spanish-speaking, and most living in places like Boyle Heights, Compton, and the Inland Empire where the nearest skin care specialist can be an hour away, assuming you have a car, a day off work, and an appointment that is not three months out.

Culture shapes how this project is designed at every level. In many Latino households, specialist care is sought only when something is already serious. I have witnessed this in patient experiences and in my own family. Patients who knew something was wrong months before they came in. Patients who assumed the referral would go nowhere before they even tried. That hesitation is not a knowledge gap. It is a rational response built over generations of being priced out and turned away by specialty medicine. This is why community health workers who already have trusted relationships in these neighborhoods are co-designing the outreach from the beginning rather than being handed finished materials at the end. This is why everything this project produces will be developed in Spanish first, not translated afterward. And it is why the index captures language access data alongside geography, because a Spanish-speaking patient and an English-speaking patient in the same ZIP code are facing very different barriers.

Secondary beneficiaries include free clinics, federally qualified health centers, and policymakers who need concrete data to push for specialist care resources in underserved areas. Every deliverable from this project will be formatted for community and policy use, not only for academic audiences.

### **4. Proposed Program / Activities**

The Dermatology Access Index will be built using four publicly available datasets, analyzed through ArcGIS Online and housed at UCLA in collaboration with Redondo Beach Free Clinic.

The first dataset is the National Provider Identifier registry, which maps every practicing dermatologist by location across Southern California. The second is the U.S. Census Bureau and American Community Survey, which gives us ZIP-code-level data on Latino population size, household income, insurance status, and primary language. Third, HRSA Health Professional Shortage Area designations identify federally recognized shortage zones that the index will incorporate directly. And fourth, Medicaid acceptance data, where available, because that single variable, whether a practice takes Medicaid or not, is often the difference between a Latino patient getting through the door and never calling at all.

For each ZIP code, we will calculate a composite Access Index score that weights all of these variables together, reflecting not just distance to a dermatologist but the financial and linguistic barriers that sit between a Latino patient and that office. The result is a tiered regional map, ranging from adequate access to severe care desert, that makes this inequity specific enough to act on rather than just describe. The full methodology will be documented and published so student researchers at other medical schools can replicate it without starting from scratch.

Dr. Caroline N. Opene, faculty advisor for HUES and physician at the Skin of Color Clinic at UCLA David Geffen School of Medicine, will serve as faculty mentor and research supervisor. HUES co-leadership will coordinate outreach planning. Community health workers and clinic leadership at Redondo Beach Free Clinic will also be involved because they know how families in these ZIP codes actually navigate the healthcare system, and that knowledge shapes how the index is built, how findings are communicated, and how outreach events are designed.

Once the maps are complete, they go directly to HUES to build the first data-driven outreach strategy for skin health education across Southern California. Community workshops, skin cancer awareness events, and wound care education sessions will be directed to the highest-need ZIP codes. Staff at Redondo Beach Free Clinic will receive plain-language Spanish and English summaries for patient navigation. And the full findings will be submitted for peer-reviewed publication so this evidence reaches health systems and policymakers well beyond our immediate community.

## **5. Evaluation / Impact**

Success for this project looks like a Latino family in a care desert receiving a skin cancer referral and a connection to care they did not have before.

Within six months of completion, a full Access Index and geospatial maps for Southern California will be shared with at least five community health organizations and free clinics in the region, in formats built for community health workers, not only journal readers.

A published methodology protocol will allow student researchers and organizations in other regions to replicate the index, so this work multiplies beyond Southern California. Findings will be submitted for presentation at a regional or national health equity conference and pursued for peer-reviewed publication within twelve months.

HUES will execute at least three community health events in the highest-need ZIP codes identified. Each will be measured through pre and post knowledge surveys assessing participant awareness of skin cancer warning signs and how to access care locally, attendance records with demographic tracking confirming reach into target communities, and follow-up data from community health worker partners at Redondo Beach Free Clinic tracking how many patients were connected to a specialist or skin care service as a direct result of attending.

After each event, participants and community health workers will be asked what worked, what felt inaccessible, and what is still missing. That feedback will directly inform how the next event is designed, how outreach materials are revised, and how the index itself is refined in its next annual update. The communities this project is built to serve will have a voice in shaping how it grows.

## **6. Optional: Sustainability or Growth Plan**

The Access Index will be updated each year as new NPI, Census, and insurance data become available. Starting in fall 2026, I will work with Dr. Opene and HUES leadership to invite chapters at other medical schools to replicate the methodology in their regions using the published protocol, building toward a multi-state network of student-led access maps across the five states with the largest Latino populations by 2028.

During my final year of medical school, I will use the findings as the foundation for a grant application to the California Endowment targeting a mobile skin care outreach program for the most severe care desert ZIP codes. Through HUES, everything this project produces feeds into an organization that already has faculty support, community partners, and student leadership in place. The infrastructure exists and this project gives it direction.

I grew up watching what happens when the specialist does not come, when the referral goes nowhere, when a family decides the system was never meant for them and stops trying. I became a doctor and pursued an MBA because I refused to accept that as the permanent answer. This project is what that refusal looks like in practice.

**HUES booth providing bilingual sun protection education and resources at the La Cosecha Health Fair, Oxnard CA (Feb 21, 2026).**



HIGHLIGHTING, UNITING, & EDUCATING  
**HUES**  
SKIN OF COLOR  
UCLA DGSOM

*Sun Protection & Skin Cancer Prevention • Resources & Education*  
*Protección Solar y Prevención del Cáncer de la Piel • Recursos y Educación*



**Protect Your Skin, No Matter Your Skin Color**  
 A Sun Safety Guide for All

**What is Sun Exposure?**  
 Sun exposure is the amount of time you spend in the sun. Sun exposure is a leading cause of skin cancer.

**How to Protect Your Skin**  
 • Avoid the sun between 10 a.m. and 4 p.m.  
 • Wear protective clothing, such as long-sleeved shirts, pants, and hats.  
 • Use broad-spectrum sunscreen with an SPF of 30 or higher.  
 • Reapply sunscreen every two hours, or more often if you are sweating or swimming.  
 • Seek shade when outdoors.

**What is Skin Cancer?**  
 Skin cancer is a disease that starts in the skin. It can be caused by too much sun exposure. There are three main types of skin cancer: basal cell carcinoma, squamous cell carcinoma, and melanoma.

**What Should Sun Damage Look Like on the Skin of Color (Brown or Black Skin)?**  
 • Freckles  
 • Age spots  
 • Leukoderma (white patches)

**How to Read a Sunscreen Label**  
 • Broad Spectrum: Protects against both UVA and UVB rays.  
 • SPF: Sun Protection Factor. SPF 30 blocks about 97% of UVB rays. SPF 50 blocks about 98% of UVB rays.  
 • Water Resistant: Can be used while swimming or sweating.

**Common Misconceptions**  
 • Darker skin tones are more protected from the sun.  
 • Tanning beds are safe.  
 • Sunburn is necessary for a tan.

...TING, UN

**HUMANITARIAN**

SKIN OF COLOR  
 UCLA DERMATOLOGY

Cancer Prevention  
 Prevención del Cáncer

Education  
 y Educa



**Protect Your Skin, No Matter Your Shade**  
A Sun Safety Guide for All Skin Tones

**How to Prevent Your Skin**

- Wear Sun Protection: Use broad-spectrum sunscreen with an SPF of 30 or higher. Reapply every two hours, or more often if you are swimming or sweating.
- Wear Protective Clothing: Wear long-sleeved shirts, long pants, and a wide-brimmed hat.
- Seek Shade: Stay in the shade as much as possible, especially between 10 a.m. and 4 p.m.
- Don't Tanning Beds: Tanning beds use ultraviolet (UV) radiation, which can damage your skin and increase your risk of skin cancer.

**How to Check Your Skin**

- Check for New Moles: A new mole or a mole that is changing in size, shape, or color could be a sign of skin cancer.
- Check for Changes in Existing Moles: A mole that is changing in size, shape, or color could be a sign of skin cancer.
- Check for Sores: A sore that does not heal or a sore that bleeds, itches, or is painful could be a sign of skin cancer.
- Check for Scaly Patches: A scaly patch on your skin could be a sign of skin cancer.
- Check for White or Red Spots: White or red spots on your skin could be a sign of skin cancer.

**How to Read a Sunscreen Label**

- SPF: The Sun Protection Factor (SPF) tells you how long it will take for your skin to burn in the sun. The higher the SPF, the longer it will take for your skin to burn.
- Broad Spectrum: Broad spectrum sunscreen protects your skin from both UVA and UVB rays.
- Water Resistant: Water resistant sunscreen can be used while swimming or sweating.
- Ingredients: Look for ingredients like zinc oxide, titanium dioxide, avobenzone, octinoxate, homosalate, octocrylene, and butyl methoxydibenzoylmethane.

**When to Apply Sunscreen & How Much to Apply?**

- Apply sunscreen 15-30 minutes before going outside.
- Apply about 1 ounce (a shot glass full) of sunscreen to your entire body.
- Apply more sunscreen if you are swimming or sweating.
- Reapply sunscreen every two hours, or more often if you are swimming or sweating.



# PROTECT YOUR SKIN NO MATTER YOUR SHADE



# PROTEGE TU PIEL, PARA TODOS LOS TONOS Y COLORES DE PIEL



## Where to Apply Sunscreen & How Much to Apply? "The Two-Finger Rule"



Apply sunscreen down your middle finger and index finger - this is enough to cover your face, neck, and ears.

## What is UV Radiation?

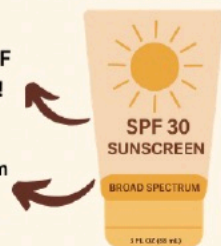
- UV is short for ultraviolet radiation, an energy from the sun.
  - Over time may cause damage to the skin.
- UVA Rays → Age the skin
- UVB Rays → Burn the skin
- 80% of UV rays pass through clouds.



## Sunscreen Use

Look for SPF 30 or more!

Broad Spectrum means UVA & UVB coverage



- Use it every day – even on cloudy days!
- SPF 30+ is recommended.
- Reapply every 2 hours, or after sweating/swimming.

SPF = Sun Protection Factor indicates protection against UVB rays

**Tip:** You can check the UV index on your phones weather app! If it's 3 or higher, use sun protection!



## ¿Cuánta cantidad de protector solar de piel debo usar?



"La regla de los dos dedos"

- Aplica protector solar a lo largo de tu dedo medio e índice – esa cantidad es suficiente para cubrir tu rostro, cuello y orejas.

## ¿Qué es la radiación UV?

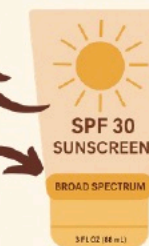
- La radiación UV, o ultravioleta, es una energía que viene del sol.
- Esta energía no se puede ver con la vista.
- Con tiempo puede causar daño a la piel.
- Rayos UVA → Envejecen la piel
- Rayos UVB → Quemar la piel



## Cómo interpretar una etiqueta de protector solar

¡SPF 30 o mas!

Amplio espectro significa protección contra rayos UVA y UVB



- ¡Úsalo todos los días – incluso en días nublados!
- Se recomienda SPF30 o más
- Vuelve a aplicarlo cada 1 hora y media, o después de sudar o nadar

FPS = Factor de Protección Solar (SPF en Inglés) Indica protección contra rayos UVB

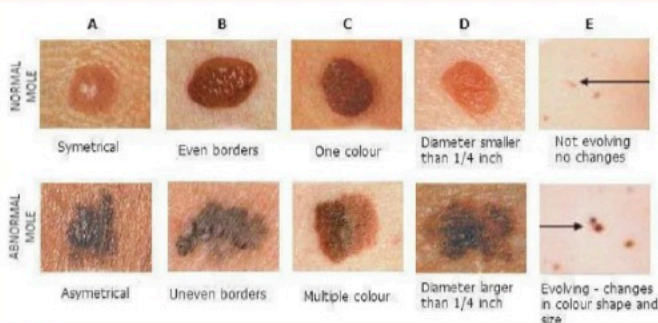
**Consejo:** ¡puedes consultar el índice UV en tu teléfono! 3 o mas indica usar ropa protectora



## How to Check Your Skin?

Do you know your ABCDE's?

ABCDE is a common mnemonic to help you identify potentially cancerous moles or skin changes. Look out for **Asymmetry, Border, Color, Diameter, and Evolving** moles or spots on your skin.



**Remember:** Take a photo of your moles or any concerning skin blemishes once a year to have a reference photo to compare to in case anything changes.

## TIP

Check with a doctor if you have:

- Family history of skin cancer
- Changes in your skin, such as:
- New redness that doesn't go away
- Scars or moles that bleed
- New growths on your skin that look different

References:



## ¿Cómo reviso mi piel?

Recuerda la regla ABCDE para revisar lunares o manchas:

- Las manchas o lunares peligrosos pueden salir en muchas partes del cuerpo:
  - En las uñas, espalda, orejas, cuero cabelludo o planta del pie

**Consejo:** Tómale una foto a tus lunares una vez al año para tener una referencia si algo cambia.



**Consejo:** Tómale una foto a tus lunares una vez al año para tener una referencia si algo cambia.

## Consejo

Debes hablar con tu médico si:

- Tienes familiares que han tenido cáncer de piel
- Si notas cambios en tu piel, como:
  - Nuevo enrojecimiento que no desaparece
  - Cicatrices o lunares que sangran
  - Nuevo crecimientos de piel que son algo fuera de lo común para ti

La piel de tono oscuro, morena y negra también necesita protección solar

Ningún tono o tipo de piel está 100% protegido contra los rayos del sol.

Referencias:



## Common Misconception

⚠️ "Skin cancer is less common in people with darker skin." ⚠️

**Warning!**

When people with darker skin do get skin cancer, it is often **detected late** and is **more dangerous**.

Many Black and Latina individuals are diagnosed with melanoma (a type of skin cancer) at a **more advanced stage** and have a **lower chance of surviving beyond 5 years** compared to white Caucasian individuals.

## ⚠️ Idea errónea común ⚠️

"El cáncer de la piel es menos común en personas con piel morena u oscura."

**¡ Aviso !**

Aunque el cáncer de la piel **es menos común** en personas con **piel morena u oscura**, cuando lo tienen, muchas veces **se detecta tarde y es más peligroso**.

Por ejemplo, a muchas personas afroamericanas y latinas se les detecta el melanoma (un tipo de cáncer de piel) en una etapa más avanzada, y tienen menos probabilidad de sobrevivir después de 5 años, comparado con personas blancas caucásicas.

# UC PRIME STATEWIDE CONFERENCE

Hosted by PRIME-US and SJV PRIME

## *Conference Poster Winner*

**Insurance Without Access: Primary Care Gaps and  
Unmet Specialty Needs Among Patients Experiencing  
Homelessness at a Free Clinic**

Gladys Bello, Jacqueline Cabral, Alejandra Rivas, Joselyne Camacho,  
Leonor Georgette Farias, Selin Lopez, Jyoti Puvvula, Gilberto Granados

January 23-24, 2026